



Division of Services for the Deaf and Hard of Hearing

NOTICE TO EVERY PARTICIPANT & PARENT/GUARDIAN OF MINOR(S) PARTICIPANTS

Read this form first before signing

LIABILITY RELEASE AND WAIVER FORM

In consideration of being allowed to participate with the Division of Services for the Deaf and Hard of Hearing (DSDHH) and its programs and activities, I the signed participant on the front of this document:

1. Agree that prior to participating I should inspect the facilities and equipment to be used, and if I believe anything is unsafe, I should immediately advise the Director of such conditions and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe personal and/or economic losses which result from their own actions, inactions or negligence of others, the conditions of the premises, or of any equipment used. Further, there may be unanticipated or unexpected risks which arise during such activities.
3. Knowingly and freely assume all of the risks of injury to my person and property that may be sustained in connection with the stated and associated activities and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Covenant not to sue and do release, waive, and discharge the STATE OF UTAH and DSDHH, and its programs, directors, officers, employees, agents and facilitators, and owners or leasers of premises used for events, all of which are hereinafter referred to as "releases," from any and all liability to me, my heirs, next of kin, administrators and assigns for any and all claims, demands, damages to property, caused or alleged to be caused in whole or in part by negligence of the releases of any other fault, to the fullest extent permitted by law.
5. Represent and certify that I, the participant, am over 18 years of age, or if I am under the age of 18 years, I do represent and certify that I have the permission of my parents and /or guardians to participate in the stated activities, that they have full knowledge thereof, and that they join me in waiving my rights against the releases, as evidence by their signatures below. **
6. Certify that my participation in the stated activities is voluntary, that I am not, in any way the employee, servant, or agent of the owners, operators, or sponsors of the premises and the activities herein.
7. Agree that the terms of this liability release shall be construed according to the laws of the State of Utah.

Participant Name (print please) _____ Signature (If 18 years or older) _____ Date _____

Parent or Guardian Signature _____ Minor's Age _____ Date _____

In Case of Emergency Contact: _____
Name Phone Number

HEALTH/ACCIDENT INSURANCE: _____
Insurance Company Name and Policy Number

*Sanderson Community Center for the Deaf and Hard of Hearing, 5709 S. 1500 W., Taylorsville, UT 84123
Telephone 801-657-5200, Fax 801-263-4865*

*Southern Utah Deaf and Hard of Hearing Programs, 1067 E. Tabernacle, Suite 10, St. George, UT 84770
Telephone 435-216-9305, Fax 435-673-8983*